



Sawtooth Mountain Clinic

Together Through Life

a 501(c)(3) not-for-profit organization

Certified Health Care Home

513 5th Ave. W., Grand Marais, MN 55604 218-387-2330 Fax: 218-387-1278

Health Care Home Patient Panel Application

Name: _____

Address: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Email: _____

I am a: Patient of Sawtooth Mountain Clinic [] or Family Member of a SMC Patient []

Have you or a family member received care at SMC within the past year? Yes [] No []

Please tell us why you are interested in joining the Health Care Home Patient Panel.

Are there specific ideas or concerns that you would like to see addressed by the panel?

Is there anything else you would like us to know?

Thank you for your application.
Please mail to the address above or return it to the Sawtooth Mountain Clinic front desk.